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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/551,345			ing Date 18/2006	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
	FOR	N	JMBER FIL	.ED NUI	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	1	N/A		1	N/A	
	FAL CLAIMS CFR 1 16(i))		minus 20 =			1	X \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		1	x s = -		1	X S =	
H the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)/H(Q) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/15/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 60	Minus	·· 61	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	· 5	Minus	5	= 0	1	X \$110 =	0	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
Ω	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	X 8 =	
Ν̈́	Application Size Fee (37 CFR 1.16(s))					1					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
"If the religions Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 1, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less th											

This collection of information is required by 37 CFR 11.6. The information is required to obtain or retain a benefit by the public which is to file (and by the DSF) process) an application. Confidentially 39 governed by 38 yeared by 38 S. C. 22 and 37 CFR 11.4. This collection is estimated to take 12 namicals to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chile Information Office. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.60. D.O. NOT ISSO, D.O. NOT ISSO, TESS OR COMPLETED FORMS TO THIS ADDRESS SERVO TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22319-1.60.